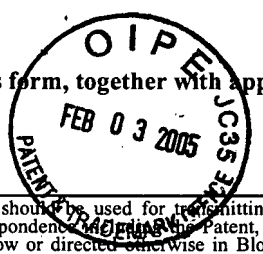


02-04-05

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000



or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence regarding the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

28075 7590 12/13/2004

CROMPTON, SEAGER & TUFTE, LLC
1221 NICOLLET AVENUE
SUITE 800

MINNEAPOLIS, MN 55403-2420

02/07/2005 JBALINA2 00000113 10072697

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

CERTIFICATE UNDER 37 C.F.R. 1.10:

I hereby certified that this Fee Transmittal is being deposited in the US Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 314496486 US, in an envelope addressed to the USPTO on the date indicated below.

| | |
|----------------------------|--------------------|
| Kathleen L. Boekley | (Depositor's name) |
| <i>Kathleen L. Boekley</i> | (Signature) |
| February 3, 2005 | (Date) |

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP
03 FC:8001 3.00 OP

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/072,697 | 02/07/2002 | Jeffrey M. Wendlandt | 1001.1440101 | 2520 |

TITLE OF INVENTION: SURGICAL CLIP WITH A SELF-RELEASING FLUID RESERVOIR

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 03/14/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------------|----------|----------------|
| PANTUCK, BRADFORD C | 3731 | 606-151000 |

| | | |
|--|---|--|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1 <u>CROMPTON, SEAGER & TUFTE, LLC</u> 2 _____ 3 _____ |
|--|---|--|

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SciMed Life Systems, Inc.

Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

| | |
|---|--|
| 4a. The following fee(s) are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies <u>one (1)</u> | 4b. Payment of Fee(s): <input checked="" type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number <u>50-0413</u> (enclose an extra copy of this form). |
|---|--|

5. Change in Entity Status (from status indicated above)
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

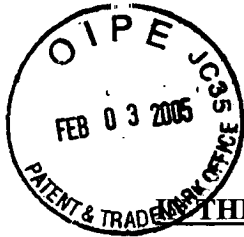
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature David M. Crompton
Typed or printed name David M. Crompton

Date 2/3/05
Registration No. 36,772

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jeffrey M. Wendlandt Confirmation No.: 2520
Serial No.: 10/072,697 Examiner: B. Pantuck
Filing Date: February 7, 2002 Group Art Unit: 3731
Docket No.: 1001.1440101 Customer No.: 28075
For: SURGICAL CLIP WITH A SELF-RELEASING FLUID RESERVOIR

TRANSMITTAL SHEET

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 314496486 US, in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this 3rd day of February 2005.

By Kathleen L. Boekley
Kathleen L. Boekley

We are transmitting herewith the attached:

[XX] ISSUE FEE TRANSMITTAL, AND CHANGE IN FEE ADDRESS.

[XX] A check in the amount of \$1,703.00 is enclosed. Itemization:

| | |
|----------------------|-------------------|
| Fee Code <u>1501</u> | <u>\$1,400.00</u> |
| Fee Code <u>1504</u> | <u>\$ 300.00</u> |
| Fee Code <u>8001</u> | <u>\$ 3.00</u> |

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: David M. Crompton
David M. Crompton, Reg. No. 36,712

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